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Bib Data Sheet

CONFIRMATION NO. 1129

SERIAL NUMBER 09/802,163	FILING DATE 03/08/2001 RULE	CLASS 705	GROUP ART UNIT 2165	ATTORNEY DOCKET NO. 0505-4015	
APPLICANTS Christopher Keith, New York, NY; ** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 09/546,031 04/10/2000 ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 04/19/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY NY	SHEETS DRAWING 91	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 2
ADDRESS 24259					
TITLE Automated first look at market events					
FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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APPLICANTS Christopher Keith, New York, NY; <i>YES CG</i> ** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 09/546,031 04/10/2000 <i>NO CG</i> ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/19/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY NY	SHEETS DRAWING 91	TOTAL CLAIMS 7
INDEPENDENT CLAIMS 2				
ADDRESS Brenda Pomerance 260 West 52 St. Apt. 27B New York, NY 10019				
TITLE Automated first look at market events				
FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			
				<input type="checkbox"/> All Fees
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